

3673



SO981-RAKE (CONT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

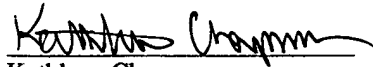
| | | |
|-----------------------------|---|----------------------|
| In Re The Application of: |) | |
| Richard E. Saffo, Sr. |) | Confirmation #: 9756 |
| |) | |
| Serial No.: 10/052,898 |) | Examiner: |
| |) | |
| Filed: January 16, 2002 |) | Art Unit: 3673 |
| |) | |
| For: APPARATUS FOR LEVELING |) | |
| AND SMOOTHING OF |) | |
| CONCRETE |) | |

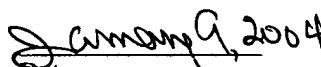
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DISHONG LAW OFFICES
765 Greenville Rd.
Mason, NH 03048
January 9, 2004

CERTIFICATE OF MAILING under (37 CFR § 1.8)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service as first class mail with sufficient postage on the date shown below in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Kathleen Chapman


Date

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith for filing is a preliminary amendment for application Ser. No. 10/052,898. Enclosed with this Certificate of Mailing are the following materials:

1. [X] Preliminary amendment; and

Applicant is a small entity.

FEE FOR CLAIMS

2. The fee for claims is calculated as follows:

| (Col. 1) | (Col. 2) | (Col. 3) | Small Entity | ADDIT | OR | Other Entity | ADDIT |
|------------------|--------------------|------------------|-----------------|-------|----|-----------------|-------|
| CLAIMS REMAIN | HIGHEST # PREV. | PRESENT EXTRA | RATE | FEE | | RATE | FEE |

SO981-RAKE (CONT)

| | | | | | | | |
|--------|-----------------|-----------------------|-----|-----------|--------|-------------|--------|
| Total | 20 ¹ | Minus 20 ² | = 0 | X \$9 = | \$0.00 | X \$18.00 = | \$0.00 |
| Ind. | 3 | Minus 3 ³ | = 0 | X \$42 = | \$0.00 | X \$84.00 = | \$0.00 |
| MD | 0 | 0 | = 0 | X \$140 = | \$0.00 | X \$280 = | \$0.00 |
| Base | | | | +\$385.00 | \$0.00 | + \$740 = | \$0.00 |
| filing | | | | | | | |
| fee | | | | | | | |
| Late | | | | +\$ | \$0.00 | | |
| fee | | | | | | | |
| | | | | Total | \$0.00 | OR Total | \$0.00 |

Notes:

¹If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

²If the "HIGHEST # PREV." (highest number of claims previously paid for) is less than 20, enter "20".

³If the "HIGHEST # PREV." is less than 3, enter "3".

[a] ☒ No additional fee is required OR

[b] ☐ Total additional fee required is \$0.00.

3. ☒ Also enclosed is: A return receipt card.

Respectfully submitted,

Kathleen Chapman

Kathleen Chapman, Esq.

Attorney for Applicant; Reg. No. 46,094

DISHONG LAW OFFICES

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Mason, NH 03048

January 9, 2004

Date

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